



# FACILITY/EQUIPMENT USE REQUEST AND AGREEMENT

OMB/Facility Management  
SFN/51410 (01-2000)

By reading and signing below you are agreeing to the conditions of this form!

•NDCC 16.1-10-02 No person may use any property belonging to or leased by, or any service which is provided to or carried on by, either directly or by contract, the state or any agency, department, bureau, board, or commission thereof, for any political purpose.

•Use of Memorial Hall or select designated **public areas** may be used without the political content restrictions as stated in the Attorney General's Opinion 96-12 regarding public forum assemblies; however Facility Management will not be allowed to provide any support services for the event. The use of these areas will be permitted only if the activity does not interfere with the operations of State Government.

•NDCC 16.1-10-02 "**Political purpose**" means any activity undertaken in support of or in opposition to the election or nomination of a candidate to public office whether the activity is undertaken by a candidate, political committee, political party, or any other person but does not include activities undertaken in the performance of a duty of state office.

**Is this a political event?** \_\_\_\_\_.

NOTE: submit form at least 15 days before the scheduled event.

Name and address of contact person requesting use of facilities at the Capitol Complex: \_\_\_\_\_.

Telephone numbers of contact person-Daytime: \_\_\_\_\_ Evening: \_\_\_\_\_.

Name and description of event, including location: \_\_\_\_\_.

Sponsor(s) of Event: \_\_\_\_\_.

Date(s) of Event: \_\_\_\_\_. Number of participants in Event: \_\_\_\_\_.

Beginning and ending times of event: \_\_\_\_\_.

**In consideration for being allowed to use the State's facilities and/or equipment specified above the undersigned agrees:**

•That the requested use will not interfere with the function of State government or the conduct of State government business.

•To maintain the State facilities used in the manner and condition they were in before that use. If necessary, to clean up and take all other actions necessary to return State facilities to their condition and appearance before that use.

•That Event activities will be supervised by adequately trained personnel to observe, and cause the participants in the activity to observe, all safety rules for the equipment, facility, and activity. That the State has no duty to and will not provide supervision of the Event.

## EQUIPMENT REQUEST

State equipment requested: \_\_\_\_\_.

•It is understood and agreed that all State equipment will be set up by Facility Management staff and that this set-up may not be moved or altered by the event sponsor without the permission of Facility Management.

By:	Organization:	Date:
Facility Management Approval:	Date:	

NOTE: If you want to bring equipment on to the Capitol Complex for use during your event, please read and sign this section of the form also.

Undersigned agrees to indemnify, save, and hold harmless the State of North Dakota, its agencies, officers and employees, from and against any and all claims of any nature, including all costs, expenses, and attorney's fees, which may in any manner arise out of or result from, the conduct or act of any person during or related to the conduct of the Event specified, except for claims resulting from or arising out of the State's own acts.

Undersigned agrees to provide proof of adequate liability insurance for the Event (consisting of proof of general liability insurance that: (a) is in force during the entire term of the proposed event, (b) is from an insurance company or government self-insurance pool authorized to do business in North Dakota, (c) covers personal injury, death and property damage, (d) names by endorsement the State of North Dakota, its agencies, officers, and employees as additional insureds for the cost of defense, including all expenses and attorney fees, and (e) has limits of liability of at least \$250,000 per person and \$1,000,000 per occurrence). If event sponsor is an employer, evidence of statutory workers compensation coverage must be provided. Any attorney representing the state must first be appointed as a special assistant attorney general.

NOTE: This liability insurance requirement will be waived if: (a) You demonstrate that you have attempted to obtain adequate liability insurance and cannot obtain that insurance at all or only at a cost that is prohibitive. To demonstrate this you must provide both: (1) letters from three insurance agents or companies explaining whether insurance is obtainable at any price and, if so at what cost coverage for adequate liability insurance is available, and (2) a letter from you demonstrating your financial inability to purchase the insurance coverage; or (b) you can identify each individual who will be participating in the Event on the Capitol Complex and each such individual signs a legally enforceable waiver releasing the State and its agencies, officials, and employees from any and all liability arising out of his or her use of the Capitol Complex.

By:	Organization:	Date:
Facility Management Approval:	Date:	